

RHODE ISLAND
HEALTH COVERAGE PROJECT

To: Health Benefits Exchange Staff
From: The RI Health Coverage Project and Leadership Team
Re: Comments on Exchange's Approach to Contact Center
Date: 1/18/2013

The Rhode Island Health Coverage Project (a joint effort of The Economic Progress Institute and RI KIDS COUNT) and its Leadership Team appreciates the opportunity to comment on the Exchange's approach to the Contact Center before the RFP is issued. The Project was created specifically for this reason; to ensure that consumers have a voice in the implementation of health care reform and we are pleased that the Exchange provided this opportunity for public comment. We also hope that all submitted comments will be posted on the Exchange website for public review.

We strongly support that the request for proposal will emphasize that "customers will experience a high level of services, support and ease of use" and that all customers, regardless of the type of coverage they are seeking, will receive the same high quality service. We also agree with the inclusion of the statement that "[b]uilding a fully integrated consumer support infrastructure is essential to launching a successful Health Benefits Web Portal". We suggest that the RFP go further and require that the vendor specify how the Contact Center will achieve integration with other consumer support channels, including those offering in-person support (e.g., navigators, assisters, family resource counselors, and community health workers).

The Project would like to offer the following additional comments that we hope will strengthen the RFP:

1. Serving the varied needs of Rhode Islanders. We are glad to see proposed requirements for meeting the needs of Rhode Islanders with disabilities, non-English speakers and people with limited literacy. In addition to a general requirement that the Contact Center be compliant with ADA rules, we suggest the following changes to be more specific about the range of needs:
 - a. The Contact Center needs to provide services to all individuals who speak languages other than English. Regarding non-English speakers, we read the proposal to say that the Contact Center will need to meet the needs of Spanish and Portuguese speakers immediately and subsequently the needs of other populations. We do not think this is sufficient: the Contact Center must be able to communicate with all non-English speakers from "day one" and can do this through a language line. Indeed, unless the web-based application is available in multiple languages, it is non-English speaking consumers who are most likely to rely on the Contact Center to complete applications for coverage and enroll in a plan. The Contact Center should be encouraged to have bi-lingual staff in the major languages, but must be able to communicate with all non-English speaking populations.

- b. The Contact Center needs to provide access to deaf consumers. We are glad to see the requirement that the Contact Center provide access to the deaf community, and urge the Exchange staff to contact the Governor's Commission on the Deaf in planning the best way to provide this access.
 - c. The Contact Center needs to ensure that written channels of communication are accessible to people with limited literacy. The RFP should specify that the Contact Center will ensure that its e-mail, text, and web chat mechanisms will be responsive to people with limited literacy skills. A caller's literacy level may not matter when speaking with Contact Center staff, but will need to be taken into account when there is written communication of any length or duration.
2. The Contact Center staff must be able to provide assistance on issues pertaining to all subsidized health coverage, i.e. both Medicaid and APTC. We want to ensure that a customer can have all questions answered by one Contact Center staff member. For example, when a family who has some members eligible for Rite Care and some eligible for APTC has a more complicated question that would be referred to a "Tier 2" expert, the family should be able to be assisted by one individual and not referred to DHS for Medicaid and an Exchange subject matter expert (SME) for APTC. Figure 2, which outlines the Contact Center tiers, indicates that callers with Medicaid eligibility issues will be assisted by DHS and those with Exchange eligibility questions will be assisted by the Exchange SME. The same "split" is described for recertification. The customer should be able to speak with one Contact Center staff member (whether DHS or Exchange) and the Contact Center staff person should consult with their counterpart - the customer should not have to contact different staff.

Furthermore, the Contact Center staff should be able to assist not only with questions pertaining to Medicaid/Rite Care eligibility, and recertification, but also premiums and plan selection. The Contact Center also should be able to process changes to customer accounts for customers with Medicaid/Rite Care coverage. In the Project's view, there is little "excellent customer service" if a family with a mix of Rite Care/APTC coverage reports change of address or income to the Contact Center and is advised that it must separately notify DHS of the same change.

3. The new OHIC Consumer Assistance Program should be added to Tier 2 under "Appeals/Complaints." As of December, under contract with OHIC, RIPIN is responsible for implementing the Consumer Assistance Program (CAP) that will provide help to customers who experience difficulties with their commercial insurance. It is therefore appropriate to add that entity to the agencies listed. Having customers connected directly to the CAP program (1-800-RIREACH) will enable customers to access the help they need.

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4. The Contact Center vendor should be required to provide monitoring/tracking quality assurance function. The Contact Center vendor should track customer difficulties with using the web portal, the nature of calls to the Contact Center, resolution of questions/concerns, etc. and provide regular feedback to the Exchange staff so that systemic problems can be addressed.

Thank you for considering our suggestions. If you have any further questions please contact Sadie DeCourcy, Project Manager for the Rhode Island Health Coverage Project, at sdecourcy@economicprogressri.org.

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